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医学影像学检查英语诊断报告书书写手册

A Handbook of English Writing for Diagnostic Report on Medical Imaging Exam

上海交通大学出版社

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前　言

随着国际交流合作的日益增多，医师和医学研究生应用专业英语的机会越来越多，如参加国际会议、在国际会议上宣读论文或参加病例讨论、将国内研究的成果用英语投稿等。熟练地掌握医学专业英语正逐渐成为一名合格的医师和医学研究生必不可少的条件之一。对于专业英语的学习，在医疗活动中，这样的环境是指练习用英语进行教学查房、病例讨论、参加读片会；用英语书写病历、诊断报告书和科学论文等。

医学影像学包括放射学、超声医学和核医学。在影像技术上囊括X线平片、各种造影、CT、MRI、DSA、介入治疗、超声及放射性核素显像等其他检查方法。诊断报告书的书写，是医学影像科医师每天的医疗工作。由于诊断报告书是影像诊断质量的最终反映，写好诊断报告书的重要性不言而喻。目前，医师们需要书写英语诊断报告书的机会越来越多，每到需要书写时，他们常常要花去不少时间起草，有时即使写成了，在遣词造句上却不一定符合英语诊断报告书的书写惯例和语言习惯。事实上，像中文诊断报告书一样，英语诊断报告书也有一定的模式和惯用语句。如果掌握了这些模式和惯用语句，写起来就会得心应手。目前，医学影像学检查中文诊断报告书已达到规范化普及应用，为了帮助医学影像科医师、研究生掌握医学影像学检查英语诊断报告书的书写，作者编著了这本医学影像学检查英语

诊断报告书写作手册，作为撰写英语诊断报告书的参考书。

本书收录医学影像学检查英语诊断报告书300余例。在编排上覆盖了临床工作中常见的影像检查技术和各类疾病。在编写上精选出的病例尽量做到具有代表性和实用性，同时安排了一些诊断意见同一但写法不同的范例，目的在于通过范例的学习，让医师和研究生在学习专业知识的过程中，开阔眼界，得到英语思维的训练，锻炼英语实际应用能力，提高对外交流的素质和能力。

由于编著时间仓促，缺点和问题在所难免，恳请读者提出宝贵意见和批评指正。

医学影像学检查英语诊断报告书的书写格式

医学影像学检查英语诊断报告书的格式包括以下7项：

1. 一般资料，往往是表格式。

各家医院可以根据各种不同医学影像学科的具体情况设计各自的表格。包括：患者姓名、性别、年龄、科别、门诊号、住院号、病区、病床、X线号、CT号、MRI号、DSA号、超声号、核医学号、病理号、摄片序号、检查日期、报告日期等。

2. 临床诊断或主诉。

3. 检查部位。

4. 检查方法或技术。

一般均采用常规检查，特殊的应用需有所说明。

5. 医学影像学表现。

如X线所见、CT所见、MRI所见、DSA所见、超声所见等。应将图像内显示的异常变化按病变的主次及左右、上下、前后、内外顺序进行描述，记录病变的范围、大小、形态、轮廓、内在结构及其与周围组织的关系或增强后表现，并描述正常结构。

6. 医学影像学检查诊断意见。

即检查的结论。一般分为以下5种情况：

(1) 正常或未见异常。

(2) 病变肯定，性质肯定。

(3) 病变肯定，性质不肯定。这种结论又可分以下两种情况：①以某一疾病为主但不典型，应说明不

典型的理由。②病变表现无特征性，可有多种可能性，须依次说明每种可能性及符合诊断的方面与不符合诊断的方面。

（4）可疑病变。所见表现不能肯定为病变，可能为正常变异或各种原因造成的假像。要说明不能肯定的原因。

（5）建议临床作进一步检查，以明确这些表现的意义。如补加增强扫描或辅佐 MRI 检查等。

7. 书写报告与审核报告医师签名。

签名医师即是此份医学影像学检查诊断报告书的责任人，按照双审制的要求，书写报告者在“书写报告”项下签名，另有一名职称为主治或以上的医师在“审核报告医师”项下签名。

在本书中，我们省略医学影像学检查诊断报告书的第一（一般资料）和第七（医师签名）两个项目。

（参阅中华人民共和国卫生部医政司对放射科医师组诊断质量的管理要求）

目　录

第一章　X线平片检查英语诊断报告书

第一节　胸部X线平片检查英语诊断报告书

1. 正常(一)

RAD CHEST PA & LATERAL

HISTORY: Chest pain.

FINDINGS:

The lungs are well expanded and clear. The diaphragms and heart borders are clearly demonstrated and there is no blunting of the costophrenic angles. The heart size and pulmonary vasculature are normal. The trachea is midline. The osseous structures are intact and demonstrate no significant abnormality.

IMPRESSION:

Normal chest examination.

2. 正常(二)

RAD CHEST PA & LATERAL

HISTORY: End stage renal disease.

FINDINGS:

The lungs are well expanded and free of infiltrates. The diaphragms and costophrenic angles are within normal limits. The heart size, heart border, and pulmonary vasculature

appear normal. The bony thorax is unremarkable.

IMPRESSION:
Negative chest examination.

3. 正常(三)

RAD CHEST PA & LATERAL
HISTORY: Ovarian cancer.

FINDINGS:
PA and lateral views of the chest obtained on 30/05/04 compared to prior examination from 05/09/03 reveals a stable cardiomediastinal silhouette. There is no consolidation, effusion, or pneumothorax seen. Degenerative changes of the thoracic spine are noted. Aortic arch calcifications are again seen.

IMPRESSION:
Stable chest without evidence of acute cardiopulmonary disease.

4. 正常(四)

RAD CHEST PA & LATERAL
HISTORY: Ovarian cancer.

FINDINGS:
PA and lateral views of the chest are submitted with comparison study dated 08/10/04. Lungs are well aerated and clear. No focal opacification or pleural effusion. Heart and pulmonary vasculature are normal. Trachea is midline and the osseous structures are intact. No evidence of osteoblastic or osteolytic disease.

IMPRESSION:

(1) No active cardiopulmonary disease.
(2) No evidence of osteoblastic or osteolytic disease.

5. 正常(五)

RAD CHEST PA & LATERAL
HISTORY: Adenoid cystic neoplasm of the oropharynx.

FINDINGS:
The lungs are well expanded and clear of acute infiltrate. Heart size and pulmonary vascularity are within normal limits. No pleural effusion or evidence of pneumothorax.

IMPRESSION:
No active disease and no interval change.

6. 正常(六)

RAD CHEST PA & LATERAL
HISTORY: Melanoma follow up.

FINDINGS:
The heart size is normal. The oblong density in the left thorax is again seen and appears benign and unchanged. This may represent pleural calcification. No active or metastatic chest lesions are seen.

IMPRESSION:
No active or metastatic chest lesions are seen.

7. 正常(七)

RAD CHEST PA
HISTORY: Chest pain.

FINDINGS:

The lungs are clear of infiltrates. The pulmonary vasculature is within normal limits. Cardiac silhouette is unremarkable. The aortic knob is mildly calcified.

IMPRESSION:
No acute cardiopulmonary disease.

8. 正常(八)

RAD CHEST PA & LATERAL
HISTORY: A 64 y/o female with shortness of breath, pedal edema, and hypertension. Rule out congestive heart failure.

FINDINGS:
A tortuous, descending thoracic aorta is noted, unchanged from the previous film. The heart size is at the upper limits of normal. The lungs are clear bilaterally.

IMPRESSION:
No acute intrathoracic process is identified.

9. 正常(九)

RAD CHEST PA & LATERAL
HISTORY: Ovarian and endometrial carcinoma.

FINDINGS:
The heart size is normal. The lungs are clear. No active pulmonary lesions are seen. No evidence of hilar adenopathy.

IMPRESSION:
No active or metastatic chest lesions are seen.

10. 双肺未见活动性病变

RAD CHEST PA

HISTORY: Chest pain.

FINDINGS:
The heart size is stable. The central line on the right side is unchanged in position, and the chemotherapy port on the left side is unchanged. The lungs are clear.

IMPRESSION:
Stable-appearing chest.

11. 右肺上叶后段炎症伴空洞

RAD CHEST PA & LATERAL
HISTORY: Chronic myelogenous leukemia.

FINDINGS:
Heart size is normal. Diaphragms are smooth and well rounded. There is an infiltrate in the posterior segment of the right upper lobe with area suggestive of cavitation. The remainder of the lungs are free of infiltrates.

IMPRESSION:
Possible cavitating pneumonia involving the posterior segment of the right upper lobe.

12. 双肺下叶炎症不除外

RAD CHEST PA & LATERAL
HISTORY: Cholecystitis with cholelithiasis.

FINDINGS:
PA and lateral views of the chest demonstrate a normal cardiomediastinal silhouette. There are increased bibasilar infiltrates mostly noted at the cardiophrenic angle, the findings of which may represent bibasilar pneumonia. Because of poor

inspiratory effort, there is also increased pulmonary vascular crowding towards the lung bases bilaterally. Peribronchial thickening is also present bilaterally.

IMPRESSION:
Poor inspiratory effort represents pulmonary vascular crowding at the lung bases, however increased bibasilar infiltrates which is consistent with bibasilar pneumonia cannot be excluded from this study.

13. 右肺下叶实变恶化

RAD CHEST PA
HISTORY: A 32 y/o female with pelvic mass, the reason for exam is to evaluate for low pulse oximetry.

FINDINGS:
Since the prior study, the nasogastric tube has been removed. The right hilar/infrahilar consolidation has progressed to obscure the entire right hemidiaphragm. The cardiac size, mediastinum, soft tissues and bony structures remain unremarkable.

IMPRESSION:
(1) Removal of nasogastric tube.
(2) Worsening right lower lung consolidation.

14. 双肺下叶斑片状浸润

RAD CHEST PA & LATERAL
HISTORY: End stage renal failure and sepsis in patient with MRSA.

FINDINGS: There is cardiomegaly without evidence for overt failure. There has been interval development of patchy lower lobe alveolar infiltrates. There is increased prominence of the

mediastinum with density consistent with lipomatosis. Included osseous structures are unremarkable.

IMPRESSION:

(1) Interval development of patchy bilateral lower lobe infiltrates.

(2) Cardiomegaly without evidence for overt failure.

15. 右下肺炎,肺不张伴(摄片时)吸气不足

RAD CHEST PA

HISTORY: Percutaneous nephrolithotomy.

FINDINGS:

The lungs are rather poorly expanded with patchy infiltrate in the right lung base partially obscuring the diaphragm consistent with pneumonitis and/or atelectasis. Heart size appears upper limits of normal without signs of failure. No pleural effusions or evidence of pneumothorax.

IMPRESSION:

Poor inspiration with right basilar atelectasis/pneumonitis.

16. 右肺门下实变恶化

RAD CHEST PA

HISTORY: The patient is a 32 y/o female with pelvic mass.

FINDINGS:

Since the prior study, there is a nasogastric tube placed with the tip of the tube in the fundus of the stomach. The right infrahilar consolidation seen on previous study has increased in size. The heart, mediastinum, soft tissues and bony structures are unremarkable.

IMPRESSION:
(1) Good placement of the nasogastric tube.
(2) Worsening of right infrahilar consolidation compared to previous.

17. 双肺下叶实变未见好转

RAD CHEST PA
HISTORY: 63 y/o female with cervical cancer and fever.

FINDINGS:
Bilateral lower lung consolidations are unchanged from previous study. The heart, mediastinum, soft tissues and bony structures are unremarkable.

IMPRESSION:
Unchanged bilateral lower lung consolidations.

18. 双肺下叶实变伴胸腔积液未见好转

RAD CHEST PA & LATERAL
HISTORY: Chest pain and cough.

FINDINGS:
Similar bilateral lower lobe consolidations and pleural effusions are noted at the bases. Cardiac size is within normal limits. The mediastinum is unremarkable. Soft tissues and bony structures show no acute process.

IMPRESSION:
Bilateral lower lobe consolidations and pleural effusions unchanged from previous study.

19. 右肺上叶曲霉性炎症伴空洞

RAD CHEST PA & LATERAL